

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
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APPLICANT(S)			
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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	(						51					
2	(					52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11	/					61							
12						62							
13						63							
14						64							
15	/					65							
16	/					66							
17		1				67							
18		1				68							
19		1				69							
20						70							
21						71							
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41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	5												
TOTAL DEP.	14												
TOTAL CLAIMS	19												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS